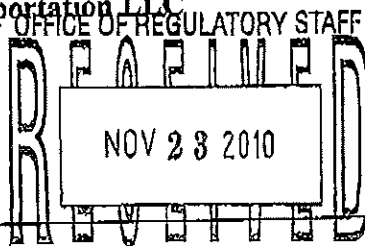


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Charleston's Best Transportation LLC



BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 384 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Steven Severance

Telephone: 843-513-9897

Address: 606 Pond Pine Trail

Fax:

Summerville, SC 29483

Other:

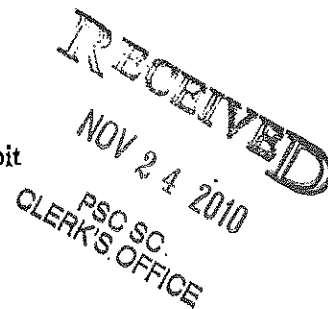
Email: sseverance2@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☒ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



2010-384-T

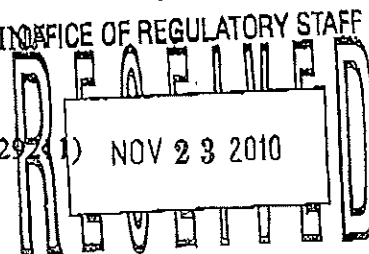
Posted 11/24/10 js

226912

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: November 22, 2010

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston's Best Transportation LLC

606 Pond Pine Trail Summerville, SC 29483

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-513-9897

Phone

Fax

sseverance2@gmail.com

Email Address

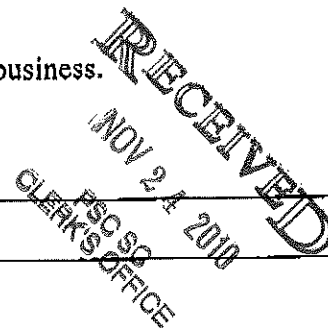
2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.



Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month November Year 2010

Assets:

Cash	10,000
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	3,000
Garage Equipment (Net)	500
Machinery and Tools (Net)	1,000
Supplies on Hand	500
Prepays and Other Assets	
Total Assets	15,000
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	0
Capital Stock	
Retained Earnings	
Total Equity	0
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$2.15 per loaded mile with no additional charge for the first two passengers. For each passenger in excess of two, a fee of \$12.00 per passenger per trip will be charged.

Counties to be Served:

Charleston Berkeley Dorchester

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Steven Severance dba: Sterling Transportation

Name of Motor Carrier

608 Pond Pine Trail, Summerville, SC 29483

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2,370

Limits 25,000/50,000/25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers

\$ 25,000/50,000/25,000

8-15 Passengers

\$ 25,000/100,000/25,000

Tower Insurance Company

Name of Insurance Company

120 BROADWAY, 31st FLOOR, NEW YORK, NY 10271

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-20-10

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Berkeley)

Steven Severance
Applicant's Signature

I, Steven Severance, OWNER
Name of Applicant's Representative Title

of Charleston's Best Transportation LLC
Applicant

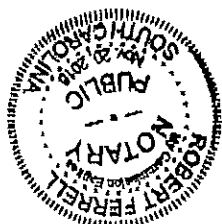
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Steven Severance
Signature of Applicant's Representative

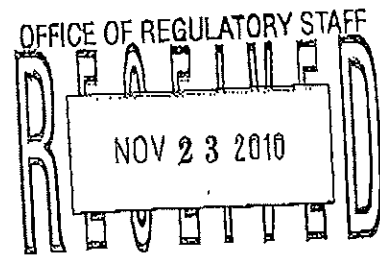
SWORN TO BEFORE ME
This 22 day of November, 2010

Robert Ferrell
Notary Public

Commission Expires November 20 2018



The State of South Carolina



Office of Secretary of State Mark Hammond

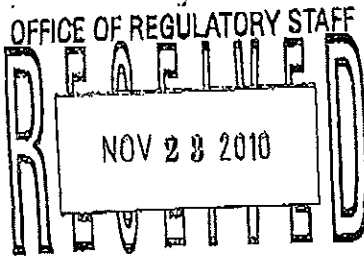
Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON'S BEST TRANSPORTATION LLC, A Limited Liability Company, duly organized under the laws of the State of South Carolina on October 25th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
25th day of October, 2010.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State



STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company -- Domestic
Filing Fee - \$110.00

OCT 25 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Charleston's Best Transportation LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

606 Pond Pine Trail

Street Address

Summerville, 29483

City

Zip Code

3. The initial agent for service of process is

United States Corporation Agents, Inc.

Name

[Signature]
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 10th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

(b)

Name

Street Address

City

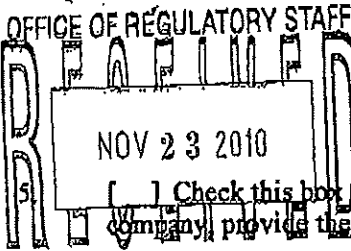
101025-0136

FILED: 10/25/2010
CHARLESTON'S BEST TRANSPORTATION LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State



Name of Limited Liability Company Charleston's Best Transportation LLC

☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signature of Organizer

10/22/2010

Date

Signature of Organizer

Date

By: Shella Dang, Assistant Secretary of
Legalzoom.com, Inc. (Organizer)